APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORM	MATION			DATE				
NAME						LAS		
LAST	FIRST	MIE	OLE					
PRESENT ADDRESS	OTENTO		0004					
PERMANENT ADDRESS	STREET		CNY		STATE ZIP			
PERMANENT ADDRESS	STREET		CITY		STATE ZIP			
PHONE NO.	,	ARE YOU 18	YEARS OR OLD	DER? Yes 🗆 1	No 🗆			
	IM LAWFULLY BECOMING EMPLO SE OF VISA OR IMMIGRATION STA		s 🛘	No 🗆				
EMPLOYMENT DES	IRED							
POSITION	DATE YOU SALARY							
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ARE YOU EMPLOYED NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?							
FI/ED APPLIED TO THIS O	PPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?							
EVOTAL SED TO THO	OWN AIVT BEI OTIE:	V V 1 11_1	1-1	VVI	IL., V.	-		
REFERRED BY								
EDUCATION	NAME AND LOCATION OF	SCHOOL	*NO DF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIED			
GRAMMAR SCHOOL								
HIGH SCHOOL								
COLLEGE					,	MIDDLE		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	·							
GENERAL SUBJECTS OF SPECIAL S	TUDY OR RESEARCH WORK							
SPECIAL SKILLS						-		
ACTIVITIES: (CIVIC, ATHLE EXCLUDE ORGANIZATIONS, THE	TTIC, ETC.) NAME OF WHICH INDICATES THE RACE,	CREED, SEX, AGE	, MARITAL STATUS,	COLOR OR NATION (OF ORIGIN OF ITS MEMBERS.	· · · · · · · · · · · · · · · · · · ·		
U.S. MILITARY OR NAVAL SERVICE		ANK	- P	PRESENT MEMBE JATIONAL GUARI	ERSHIP IN O OR RESERVES			

^{*}This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.



FORMER EMPLOYER	S (LIST BELOW LAST TH	IREE EMPLOYERS, S	TARTING WIT	H LAST	ONE FIRST).			
DATE MONTH AND YEAR NAME AND ADDRE		ESS OF EMPLOYER S		Y	POSITION	REASON FOR LEAVING		
FROM				-				
то								
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ТО		<u> </u>						
WHICH OF THESE JOBS	DID YOU LIKE BEST?							
WHAT DID YOU LIKE MC	ST ABOUT THIS JOB?							
REFERENCES: GIVE T	HE NAMES OF THREE PE	RSONS NOT RELATE	O TO YOU, W	HOM YC	U HAVE KNOWN	AT LEAST ONE YEAR.		
NAME		ADDRESS			BUSINESS	YEARS ACQUAINTED		
1			· ·					
5								
3								
IT IS UNLAWFUL IN	TATEMENT APPLIES IN: M. I THE STATE OF LOYMENT OR CONTINUED NAL PENALTIES AND CIVIL	EMPLOYMENT. AN EI LIABILITY.	U HEGUIHE OF MPLOYER WH	O VIOLAT		TOR TEST AS A ALL BE		
IN CASE OF EMERGENCY NOTIFY		Signa	ture of Applican	t				
EMERGENCY NUTIFY	ÉRGENCY NOTIFY NAME ADDRESS PHONE NO.							
ANY FALSE INFORMATI EMPLOYED, MY EMPLO IN CONSIDERATION OF EMPLOYMENT AND CO EITHER MY OR THE CO MAY BE CHANGED, W NO COMPANY REPRES HAS ANY AUTHORITY	ION, OMISSIONS, OH MISH DYMENT MAY BE TERMINA MY EMPLOYMENT, I AGRI IMPENSATION CAN BE TER MARANSATION CAN BE TER	EPHESEN (A IUNS AAR TED AT ANY TIME. SE TO CONFORM TO TH RIMINATED, WITH OR N UNDERSTAND AND A AND WITH OR WITHOU SE DIDECTION TAND T	E COMPANY VITHOUT CAL GREE THAT TH JT NOTICE, A HENLONI Y W	5 RULES ISE, AND HE TERM! T ANY TIT HEN IN V	AND REGULATION WITH OR WITHOU S AND CONDITIONS WE BY THE COMPA VEITING AND SIGN	JED BY THE PRESIDENT,		
DATE	SIGNATURE	-						
		DO NOT WRITE BE	LOW THIS	LINE				
INTERVIEWED BY	-					DATE		
REMARKS:								
	-							
NEATNESS			ABILITY	•				
HIRED: Yes 1	Vo F	POSITION			DEPT.			
SALARY/WAGE	DATE REPORTING TO WORK							
APPROVED: 1.		2.	Property I (I'm & Ph		3.	NERAL MANAGER		
F	MPLOYMENT MANAGER	DE	PT HEAD		55	INCHAC MAINMORT		

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.